

February 3, 2011

1 of 21

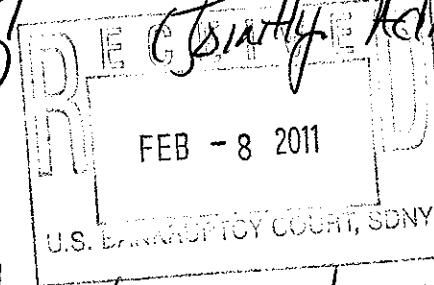
United States Bankruptcy Court  
Southern District of New York.

In re  
Motors Liquidation Company, et al  
f/k/a General Motors Corp, et al

Debtors.

Chapter 11 Case No  
09-55526(LC)

Delphi Corporation -05-14481  
(RDD)



Dear Judges/Courts:

I Shaeyl F. Carter at 1541  
LaSalle Ave #1, Niagara Falls, New York 14301  
my numbers are (716) 282-1639 and (716)  
930-4495.

Enclosed are copies of documents  
from Delphi Sub Administration Center and  
Ohio Department of Job and Family Services

2 of 4

Office of Unemployment Compensation  
Determinations of Unemployment Compensation  
Benefits, and Delphi Separation Person  
Savings Plan and the Delphi Salaried  
Retirement Savings Program.

I Shaeyl Z. Carter contacted Delphi  
Sub Administration Center several times  
and I continue to get the run around  
delay tactics about my funds that  
are rightfully due to me. Delphi  
and their affiliated entities, Agency  
continue to place stress upon me,  
and my family, harassment, retaliation  
tactic continue to go on. I also continue  
to hear from Delphi and affiliated entities  
and Company that they do not have

Any files on me. My question is why  
not, and how is it that Delphi continue  
to contact me about enclosed document  
also claims that I Sharyl J. Carter  
have against Delphi Corporation Am  
Company. Also Jim contacted after the  
fact, deadlines, etc. I contacted Delphi  
Stock (PSP) which I won small settlement  
that was place into Delphi Am Stock, which  
I can not withdraw, take out, due to Delphi  
and affiliated debts has a hold on my  
account. Again I am being told they  
do not know why, the representatives  
I contacted Union Representatives Leslie  
Cash who is looking into the matter.  
Delay tactic continues. As I have  
NO INCOME since March 2010 of

Unemployment Benefits, which those funds was delay cut off in between months at a time, and I Shaeyl Y. Carter has to go through the same delay, stress tactic as I continue to go through now, present and future.

I ask respectfully of you the Judges and Court to have this stop and allow all my claims that is allow to be given to me cash only. Please this tactics that is place upon me is, and continue to cause stress painful pressure against me and my family.

Thank You.

Sincerely  
Shaeyl Y. Carter

09-50026-mg

11:19:14 Main Document

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

Postmark  
Here

Sent to

Name

Street, Apt. No.

or PO Box No.

City, State, ZIP+4

Delphi Sub Admin Center  
Att'l. Appeal Dept  
P.O. Box 5027

TROY, Michigan 48098

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Delphi Sub Admin Center  
Att'l. Appeal Dept  
P.O. Box 5027  
TROY, Michigan 48098

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X** Agent Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

December 20, 2010

Delphi Sub Administration Center

1 of 3

Attn: Appeal Dept.

P.O. Box 5027

Troy, Michigan 48098 USA.

Dear Appeal Dept.

Enclosed are copies of the firms I  
Shayrl Y. Carter at 1541 LaSalle #1,  
Niagara Falls, New York 14301, my numbers  
are (716) 282-3224 and (716) 930-4495  
in September 2010, and I had to mail back  
in October 2010 both with letter I wrote.

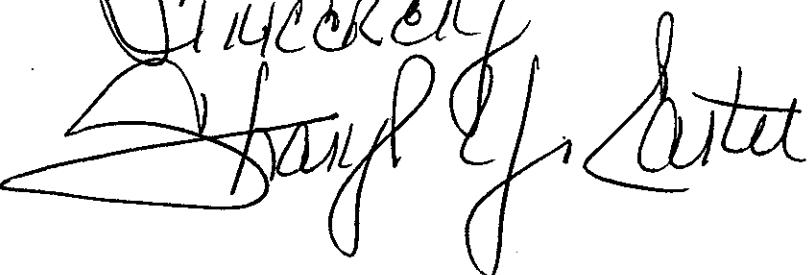
I am appealing this decision, due to  
I Shayrl Y. Carter only received two  
checks from Delphi Sub Administration, which  
is also enclosed. according to the letter  
the Sub funds was to beginning in  
on September 21, 2010. I was told

the Sub funds ended September 2010, for the employees who took option 3 from Delphi Corporation. Also, I did not know I was to continue filing after my term ended in March 2010 for Unemployment Benefits. First of all I was not notified or aware of this information, or to file for Sub funds, or who I was to come contact. But afterwards Delphi Sub Administration Center contacted me to fill out forms. Why could this have been completed before funds expired? This is not my fault and again I am appealing this decision. Also look into the matter of me, Shelly F. Miller not receiving Sub fund back in the 2 years ago when I was laid off 2007.

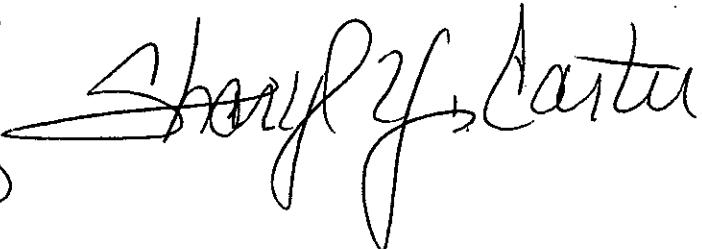
To my understanding other employees received Sub funds, even if they took OR less than options 3. Again I ask of you the Appeal Dept to look into this matter and correct the problem.

Thank you. In the future I would like to be notified ahead of time.

Sincerely



P.S. Also I have relocated back to my home town about from Ohio, and the reason I did not know about filing early.



# DELPHI

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098  
1-248-813-1782

September 28, 2010

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS, NY 14301

**Re: Determination of Ineligibility**

Employee SSN: [REDACTED] 9353

Employee Name: SHARYL CARTER

You are ineligible for a benefit under the SUB Plan for the week ending Sunday, for the following reason(s):

**Employee has not submitted UC monetary determinintion paperwork covering SUB Application week ending date**

**Appeals Procedure:** If you disagree with this determination, you may appeal. Contact your Local Union Benefit Representative for instructions on how to appeal this determination. You should keep copies of all documents pertaining to your appeal. Your written appeal must be mailed to the Delphi SUB Administration Center within 30 days following the date of this notice. Send your appeal to:

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098

If you have any questions or require additional information about this letter, please call the Delphi SUB Administration Center, Monday through Friday between 8:00 a.m. and 4:00 p.m. Eastern Time zone, to speak with a Customer Service Associate.

Sincerely,

**Delphi SUB Administration Center**

cc: Leslie Cash - Moraine & Kettering

**Dependent Information Change Form (SUB-DI Form)**  
**Delphi Supplemental Unemployment Benefit Plan**

**About You (please print)**

Carter, Sharyl J.  
Last Name First Name Middle Initial Social Security Number  
1541 Lakeside Ave #1-Nikkara Falls New York 14301  
Street Address City State Zip Code  
(716) 282-3624 (716) 282-1639 9-1-64  
Home Telephone Number Daytime Telephone Number Date of Birth

**1. Check One:**

- I am submitting the names of my Federal Income Tax dependents because I am included in my spouse's dependency information.
- I am entitled to a greater number of dependents—I am submitting the names of my Federal Income Tax dependents because I am entitled to a greater number of dependents than I claim.
- My spouse and I will be laid off at the same time—My spouse and I are both Delphi employees, with separate Delphi dependency information, and will be laid off at the same time. (You and your spouse must each complete a new SUB-DI form to indicate how your Federal Income Tax dependent exemptions are to be divided between the two of you prior to applying for SUBbenefits. You and your spouse may not claim the same dependents. Failure to complete the SUB-DI form may result in a SUB overpayment.)
- None of the above applies—Information was requested by the Delphi SUB Administration Center.
- Please cancel my previous dependent change request and use my current health care benefit dependent information.

**2. Indicate Your Federal Income Tax Marital Status:**

Single       Married

**3. List your Federal Income Tax dependents to be used for SUBenefit purposes:**

Name (First & Last) Relationship  
Treola York Carter Daughter  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Number of Dependents claimed above: 1 + 1 (myself) = 2 (Total Number Claimed)**

**Signature and Date**

Any changes made as a result of your submission of this form will be reflected in your SUBenefit for the week following the week in which the Delphi SUB Administration Center receives this form.

The information I am furnishing is true and correct to the best of my information and belief. I understand the completion of the form is for the purpose of calculation of my 95% Weekly After-Tax Pay which is used to determine the amount of my Regular SUBenefit. THIS FORM WILL NOT AFFECT MY INCOME TAX WITHHOLDING FOR PAYROLL PURPOSES. This form does not authorize Delphi Corporation to revise my current Form W-4 and has no effect on my claim of dependents for state UC benefit purposes. In addition, I recognize this form will stay in affect until I either complete and submit another for changes, or submit one for cancellation.

Sharyl J. Carter  
Signature

Sept 28 2018  
Date

**Mail Completed Form To:**  
Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098

**Contact Information:**  
Phone: 1-248-813-1782

I do request it included Health Ins.  
Sharyl J. Carter

## EMPLOYEE LAYOFF CHECKLIST

### >Unemployment Compensation (UC)

- After your layoff begins, contact your local Unemployment Compensation (UC) office or use the telephone number provided by the state agency. Answer all questions to the best of your knowledge, such as reporting wages and hours worked.
- If you have been denied UC due to Sunday earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
- If you have been denied UC due to insufficient earnings, include a copy of your denial letter with your SUB Application to the Delphi SUB Administration Center. Failure to do so may result in your SUBenefits being denied.
- Upon approval of initial UC Benefits, temporary extensions or Trade Readjustment Assistance, you will receive a Monetary Determination or Claim form from the state agency that provides Benefit year information. Include the Monetary Determination form with your SUB Application when applying for your SUBenefit. Failure to do so may result in your SUBenefits being denied.

**Note:** If you work(ed) in a plant previously covered by an AutoSUB program, you now need to send your Monetary Determination information and SUB application to the Delphi SUB Administration Center to apply for SUBenefits. **Your SUBenefits will no longer be automatically processed** based on information in the corporate personnel system and information received electronically from the state UC agency.

- Proof of an UC Payment must also be included in with your SUB Application. If you're receiving an automatic payment directly into your bank account, your state's UC website should have a link to a page showing your payment. Failure to include proof of UC payment (for same week as SUB application) with your SUB Application may result in your SUBenefits being denied.

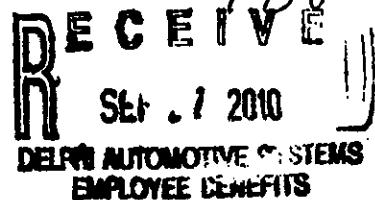
### SUBenefits

- Obtain a hard copy SUB application from your Union Benefit Representative or Plant Personnel Department and complete all questions to the best of your knowledge.
- To change the number of dependents currently used to calculate your 95% SUB Gross Amount, submit a SUB Dependent Change (SUB-DI) Form with your SUB Application. These forms can be obtained from your Union Benefit Representative or Plant Personnel Department. This form will stay in effect until changed or cancelled.
- You must wait to apply for SUBenefits until after you receive your UC payment for the same week. Your SUB Application, Proof of Outside Earnings and Proof of UC Payment **must** be filed within 60 days of the week for which you are applying.
- If your application is received before Tuesday and passes all audits, your check will be mailed on Friday of the same week.

Delphi SUB Administration Center  
P.O. Box 5027  
Troy, MI 48098  
248-813-1SUB (1782)

Sept 28, 2010

Delphi Sub Administration Center  
P.O. Box 5027  
Troy, Michigan 48098 USA



Dear Delphi Sub Administration Center.

Enclosed is a copy of a letter, information that was mailed to: Mr Shaeyl Z. Easter at 1541 LaSalle Ave, Niagara Falls, New York 14301

I am not or have never collected Employment Unemployment Benefit, as I am eligible to collect. I tried several times to contact you agency at (248) 813-1782, no one can get through on this above phone number, therefore I am writing this letter. If I need any further information, or letter to fill out, I ask you to mail that information to me, Shaeyl Z. Easter at the above address. I do not know if I currently have a Sub B-1 form on file with CSEA, I filled one out again anyways, also sub

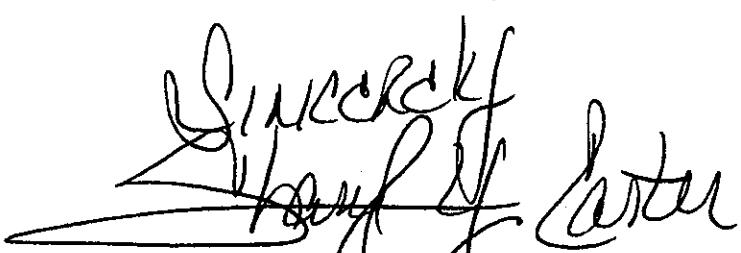
Sept 20, 2010  
242

application enclosed.

Also I ask that your agency mail me names, phone numbers & personnel department, union representatives, any other department that I need to contact, since my plant was closed in Ohio you should have all this information in your files.

Also enclosed is a letter, statement from DHS Department of Job and family services that was mailed to me stating my benefits was expired as of March 24, 2010.

If I need to send more information please contact me.



State of New York  
County of Niagara

Subscribed and Sworn to before me  
this 23<sup>rd</sup> day of September, 2010

Notary Public

  
Amanda Licht  
NOTARY PUBLIC-State of New York  
No. 01LI6203457

Qualified in Niagara County  
My Commission Expires April 06, 2013

## Multiple Week Application for SUBenefits

FORM SUB-2

### ABOUT YOU

*Sherry J. Carter*

Participant's Name (First, Middle Initial, Last)

*9353*  
Participant's Social Security Number (SSN)

*MORNING CATERING LTD*  
Plant City/State Location

WEEK 1			
Month	Day	Year	

WEEK 2			
Month	Day	Year	

### UNEMPLOYMENT COMPENSATION

For WEEK 1 or WEEK 2, did you receive, or were you eligible to receive, any State or Federal Unemployment Compensation Benefit? (See mailing checklist on reverse side for more information.) If yes, enter the total Gross Amount.

WEEK 1 Yes      WEEK 2 Yes  
No                  No

Enclose proof of receipt of such benefit showing the gross amount and each week ending date.

If no, review the reasons for ineligibility for each week below and circle the letter in the ineligibility column to the right.

- A. Exhausted /Insufficient wages to qualify      C. Too much earned income  
B. State Waiting Week      D. Other \_\_\_\_\_

Enclose a copy of any papers from the State or Federal Agency for proof of ineligibility.

WEEK 1		WEEK 2	
UC BENEFIT RECEIVED	Reason for Ineligibility	UC BENEFIT RECEIVED	Reason for Ineligibility
Gross Amount	A B C D	Gross Amount	A B C D
\$		\$	

For any day in WEEK 1 or WEEK 2, did you receive any earnings from ANY employer, including self-employment? Did you receive or were you eligible for any Corporation HOLIDAY PAY for the week(s) you are claiming? Fill in the name and address of the employer. ENTER GROSS EARNINGS.

WEEK 1 YES NO Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer: _____								
Address:								
WEEK 2 YES NO Earnings	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Employer: _____								
Address:								

WEEK 1 YES NO Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer: _____								
Type of Benefit:								
WEEK 2 YES NO Other Benefits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Name of Payer: _____								
Type of Benefit:								

### SIGNATURE AND DATE

I have read the "Certification Statement" accompanying this application and agree to be bound thereby.

*Sherry J. Carter*  
Signature

*Sept 20, 2008*  
Date

You must sign and date this form so that your request can be processed.

**OHIO DEPARTMENT OF JOB AND FAMILY SERVICES****OFFICE OF UNEMPLOYMENT COMPENSATION****DETERMINATION OF UNEMPLOYMENT COMPENSATION BENEFITS**

JFS-03000 12/03/2009

Claimant's Name <b>SHARYL Y. CARTER</b>		Social Security Number [REDACTED] 9353	Determination Identification Number 221598961-1
Benefit Year Beginning Date 08/01/2010	Benefit Year Ending Date 07/30/2011	Application Date 10/06/2010	Date Issued 10/18/2010
SHARYL Y. CARTER 1541 LA SALLE AVE APT1 NIAGARA FALLS, NY 14301-1227 [REDACTED]		ODJFS Office Lima Processing Center PO Box 1808 Lima, OH 45802-1808 Phone: (866) 272-0118 Fax: (419) 996-3929	

**THIS NOTICE IS A DETERMINATION OF AN INITIAL APPLICATION FOR UNEMPLOYMENT BENEFITS, ISSUED IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS 4141.28(D) & (E), OHIO REVISED CODE**

The Ohio Department of Job and Family Services has DISALLOWED the claimant's application for unemployment compensation benefits dated 10/06/2010. The claimant did not have at least twenty qualifying weeks of employment that was subject to an unemployment compensation law or did not earn an average weekly wage of at least \$213 before taxes during the base period 07/01/2009 to 06/30/2010, as required by Section 4141.01(R)(1) of the Ohio Revised Code. This decision is related to qualification for regular UC benefits. If an application for Extended Unemployment Compensation benefits has been filed, a separate decision will be issued concerning eligibility for Extended Unemployment Compensation benefits.

**APPEAL RIGHTS:** If you do not agree with this determination, you may file an appeal by mail or fax to the ODJFS office provided. You may also file an appeal online at <https://unemployment.ohio.gov>. The appeal should include the determination ID number, name, claimant's social security number, and any additional facts and/or documentation to support the appeal. **TO BE TIMELY, YOUR APPEAL MUST BE RECEIVED/POSTMARKED NO LATER THAN 11/08/2010** (21 calendar days after the 'Date Issued'). If the 21st day falls on a Saturday, Sunday, or legal holiday, your deadline has already been extended to include the next scheduled work day. If you do not file your appeal within the 21-day calendar period, include a statement with the date you received the determination and your reason for filing late. If your appeal is late due to a physical or mental condition, provide certified medical evidence that your condition prevented you from filing within the 21-day period. In order for your appeal to be considered timely, it must be received/postmarked no later than 21 calendar days after the ending date of the physical or mental condition. If unemployed, claimants should continue to file weekly claims for benefits while the determination is under appeal. For additional information, call the ODJFS automated telephone system at 1-877-644-6562 and select the General Information option or visit the agency's website at <https://unemployment.ohio.gov>. Claimants may also review the Worker's Guide to Unemployment Compensation.

Si usted no puede leer esto, llame por favor a 1-877-644-6562 para una traducción.

October 22, 2010

Lefifi Sub Administration Center  
P.O. Box 5027  
Troy, Michigan 48098

1 of 2

Enclosed are copies of the information and documents that was mailed back to me, Shaeyl J. Parker at 1541 LaSalle #1 Niagara Falls, New York 14301. My phone numbers is (716) 282-3624. Also Ohio Department of Job & Family Services Office of Unemployment Compensation Determination that I am Disallowed Services dated Oct 6, 2010.

2nd stamp of receiving my application, documents was Sept 27, 2010. The application of multiple week for benefits from Sub-2 that's highlighted is blank, due to I do not have that information. I Shaeyl

October 22, 2010

R of 2

Jf. Carter contacted my Union Rep. Leslie Cash for this information, I was unable to get this information until I got the letter from Unemployment office of disallowed benefits which Jim mailing to Leslie and to you, which is enclosed. I would like for you to try and get this information for me, as Jim wait until she give it to me, and Jim said that form to you. I hope this do not interfere with my Sub pay.

Thank you.

Sincerely  
Jf. Carter

October 22, 2010

Leticia Cash  
TUE-CWA Local 755  
1675 Woodman Drive  
Dayton Ohio 45432

1 of 2

I Shaeyl Z. Carter at 1541 Lake  
Ave #1, Niagara Falls, New York 14301. My  
Number is (716) 282-3824

Enclosed is a copy the letter that  
stated I was Disallowed Services-Benefits  
from OHIO Department of Job & Family  
Services Office of Unemployment Com-  
pensation Termination dated Oct 6, 2010.  
and a copy of application form of Multiple  
Week for Subsidies form Sub-2. I  
would like this form to be filled out  
and return to me. Shaeyl Z. Carter

October 22, 2010

Rob 2

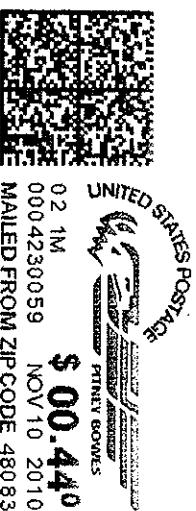
and to Deltaplano Sub Administration Center  
P.O. Box 5027, Seney Michigan 48898  
I hope this do not delay the processing  
for a long period of time.

I was requested by Unemployment  
Department LDT to give my pi number  
but as you request to check on the  
status of my claim, which again a copy  
is enclosed, if you need & have to have  
my pi number, I would like a written  
letter from you or your supervisor signed  
and requesting my pi number.  
Thank you.

Shayly J. Carter

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 0094709783 1

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096



SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

Re 11/1/2010

14301\$1227 C063

||||||||||||||||||||||||||||||||||

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 0094709784 2

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096



SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

14301\$1227 C063

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CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 9783 1

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

## Earnings Statement



Period Beginning: 10/31/2010  
Period Ending: 11/06/2010  
Pay Date: 11/12/2010

Taxable Marital Status: Single

Exemptions/Allowances:

Federal: 0  
OH: 0

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

Social Security Number: XXX-XX-9353

<u>Earnings</u>	<u>rate</u>	<u>hours</u>	<u>this period</u>
Sub No Fica			495.46
<b>Gross Pay</b>			<b>\$495.46</b>

	<u>year to date</u>
	495.46
	495.46

<u>Deductions</u>	<u>Statutory</u>
Federal Income Tax	-52.66
OH State Income Tax	-11.60
Moraine Income Tax	-9.91
 <u>Other</u>	
Union Dues Iue	-28.00
 <b>Net Pay</b>	<b>\$393.29</b>

Your federal taxable wages this period are \$495.46

CO. FILE DEPT. CLOCK NUMBER 056  
86A 012423 000002 784 2

DPH-SAS LLC  
5725 DELPHI DRIVE  
TROY, MI 48096

## Earnings Statement



Period Beginning: 10/31/2010  
Period Ending: 11/06/2010  
Pay Date: 11/12/2010

Taxable Marital Status: Single  
Exemptions/Allowances:

Federal: 0  
OH: 0

SHARYL CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301

Social Security Number: XXX-XX-9353

Earnings	rate	hours	this period
Sub No Fica			495.46
<b>Gross Pay</b>			<b>\$495.46</b>

year to date
990.92
990.92

Deductions	Statutory
Federal Income Tax	-52.66
OH State Income Tax	-11.60
Moraine Income Tax	-9.91
<b>Net Pay</b>	<b>\$421.29</b>

Your federal taxable wages this period are \$495.46

December 2010

To: Participants in the Delphi Personal Savings Plan for Hourly Rate Employees and Participants in the Delphi Savings-Stock Purchase Program for Salaried Employees (the "Plans") Between March 7, 2000 and March 3, 2005

Re: Distribution to the Plans of Proceeds from Settlements Achieved in a Securities Class Action

This is to advise you that the Plans filed a claim to participate in the distribution of the proceeds of settlements achieved by plaintiffs in a securities class action -- *In re Delphi Corp. Sec. Litig.* Case Nos. 06-10025, 06-10026, 06-10027, 06-10028, 06-10029, 06-10030, and 06-10032. The Plans have received a distribution from the settlements, and the Plans' actuary has determined each participant's proportionate share of that distribution.

As a Terminated Vested participant, the proceeds allocated to you by the Plans were invested according to your most recent investment elections on file at Fidelity. If you did not have investment elections on file at Fidelity on the allocation date, your proceeds were invested in the Promark Income Fund. The proceeds appear in your account as a new source called "Litigation Proceeds" and are 100% vested.

You can view the amount you received by logging onto [www.netbenefits.com](http://www.netbenefits.com). After logging in, click on the Plan link from the Home page and then click on Transaction History to view the "Litigation Proceeds" contribution amount.

To see more information about the underlying litigation, you can view the notice describing the action by visiting [www.delphiclasssettlement.com](http://www.delphiclasssettlement.com).

If you are eligible to take this money as a distribution please view the 402(f) tax notice on Fidelity NetBenefits before calling to request the distribution. To view the notice click on:

- The Plan link from the Home page
- Loans or withdrawals
- Withdrawals
- View the participant distribution and tax notices.

If you have any questions regarding this communication or your Plan account, please call the Fidelity Benefit Center at 1-877-389-2374 to speak with a Delphi Savings Plans Customer Service Associate. Customer Service Associates are available business days from 8:30 a.m. to midnight Eastern Time.

**DPH Holdings Corp.**

World Headquarters 5725 Delphi Drive, Troy, MI 48098 USA

United States Bankruptcy Court Southern District Of New York

Name of Debtor

HENCHER MOTORS CORPORATION Case Number 09-50026 (REB)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Stacey L. Carter

Name and Address where notices should be sent

Stacey L. Carter  
92 Woodbury Lane  
Dayton Ohio 45415

Telephone Number: (937) 742-7051 - 302-8072Last four digits of account or other number by which creditor identifies debtor: 9353**1. Basis for Claim**

- Goods Sold / Services Performed
- Customer Claim
- Taxes
- Money Loaned
- Personal Injury
- Other

**2. Date debt was incurred:**Unknown

**4. Classification of Claim.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

**Unsecured Nonpriority Claim \$**

- Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

**Unsecured Priority Claim.**

- Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ 0.00

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

- Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

**5. Total Amount of Claim at Time Case Filed: \$**

(Unsecured)	(Secured)	(Priority)	(Total)
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			

- 6. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim
- 7. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

- 8. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

**PROOF OF CLAIM**

This Space For Court Use Only

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

Check here  replaces  
if this claim  amends a previously filed claim dated: \_\_\_\_\_

This Space For Court Use Only

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**3. If court judgment, date obtained:**June 3, 2009**Secured Claim.**

Check this box if your claim is secured by collateral (including a right of setoff).

**Brief Description of Collateral:**

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

This Space For Court Use Only

Date June 16, 2009 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim; attach copy of power of attorney, if any.

Penalty for presenting fraudulent claim: fine up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 157;

Stacey L. Carter Stacey L. Carter

United States Bankruptcy Court Southern District Of New York

Name of Debtor

General Motors Corporation Case Number 109-50026 (Ref)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Shayly L. Carter

Name and Address where notices should be sent:

Shayly L. Carter  
92 Woolley Lane  
Kenton Ohio 45415  
(937) 742-7051 - 322-8072

Telephone Number:

Last four digits of account or other number by which creditor identifies debtor: 9353

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

### PROOF OF CLAIM

This Space For Court Use Only

This Space For Court Use Only

Check here  replaces  
 if this claim  amends a previously filed claim dated: \_\_\_\_\_

## 1. Basis for Claim

- Goods Sold / Services Performed
- Customer Claim
- Taxes
- Money Loaned
- Personal Injury
- Other

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_  
 Unpaid compensation for services performed  
 from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

## 2. Date debt was incurred:

Unknown

## 3. If court judgment, date obtained:

June 3, 2009

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
 See reverse side for important explanations.

## Unsecured Nonpriority Claim \$ \_\_\_\_\_

- Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

## Secured Claim.

- Check this box if your claim is secured by collateral (including a right of setoff).

## Brief Description of Collateral:

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## Unsecured Priority Claim.

- Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 5. Total Amount of Claim at Time Case Filed: \$ \_\_\_\_\_

(Unsecured)	(Secured)	(Priority)	(Total)
... Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  
 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

This Space For Court Use Only

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

Date

June 16, 2009

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim. Attach copy of power of attorney, if any.

Shayly L. Carter Shayly L. Carter

Penalty for presenting fraudulent claim: fine up to \$50,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 157

**United States Bankruptcy Court** Southern **District Of** New York

Name of Debtor

HONDA MOTORS CORPORATION Case Number 09-50026 (REB)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Sharyl L. Carter

Name and Address where notices should be sent.

Sharyl L. Carter  
92 Woodbury Lane #C  
Dayton Ohio 45415

Telephone Number:

(937) 742-7024 - 302-8072

Last four digits of account or other number by which creditor identifies debtor: 9353

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court.

### PROOF OF CLAIM

This Space For Court Use Only

This Space For Court Use Only

Check here  replaces  
if this claim  amends a previously filed claim dated: \_\_\_\_\_

**1. Basis for Claim**

- Goods Sold / Services Performed
- Customer Claim
- Taxes
- Money Lent
- Personal Injury
- Other

**2. Date debt was incurred:**

1/1/2009

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**3. If court judgment, date obtained:**

June 3, 2009

**4. Classification of Claim.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
See reverse side for important explanations.

**Unsecured Nonpriority Claim \$ \_\_\_\_\_**

- Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

**Unsecured Priority Claim.**

- Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

**Secured Claim.**

Check this box if your claim is secured by collateral (including a right of setoff).

**Brief Description of Collateral:**

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. Total Amount of Claim at Time Case Filed: \$ \_\_\_\_\_**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

**6. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**7. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**8. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space For Court Use Only

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
------	--

June 16, 2009 Sharyl L. Carter Sharyl L. Carter

Penalty for presenting fraudulent claim: Fine up to \$50,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

09-50026-mg  
\$00.880  
02/23/2010  
Mailed from 75201  
US POSTAGE



Motors Liquidation Company  
2101 Cedar Springs Road, Suite 1100  
Dallas, Texas 75201

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

There is another claim  
number/amount same  
total 3c claim no  
for this state

**VIA FIRST CLASS MAIL**

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case  
No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

Creditor Name

SHARYL Y CARTER

Claim Number(s):

9072

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at [claims@motorliquidation.com](mailto:claims@motorliquidation.com).

Sincerely,  
Motors Liquidation Company

Enclosure

**VIA EMAIL AND FIRST CLASS MAIL**

Motors Liquidation Company  
Attn: Claims Team  
2101 Cedar Springs Road  
Suite 1100  
Dallas, TX 75201  
[claims@motorsliquidation.com](mailto:claims@motorsliquidation.com)

**Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –  
Claim Liquidation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

<u>Proof(s) of Claim Number</u>	<u>Liquidated Amount (Unsecured)</u>
9072	\$500,000.00 (\$500,000.00) \$/C

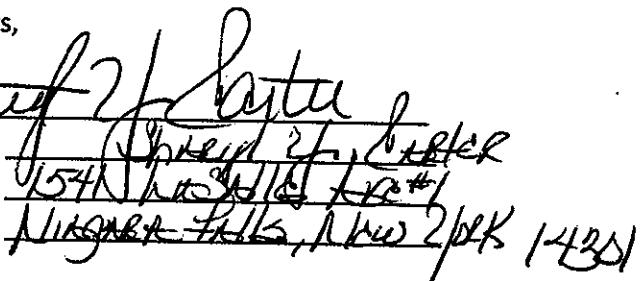
I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

Print Name

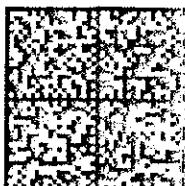
Address

City and State

  
David J. Parker  
1541 N. 31st St. #1  
Milwaukee, WI 53211-4301

Motors Liquidation Company  
2101 Cedar Springs Road, Suite 1100  
Dallas, Texas 75201

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301



neopost®

09-50026-03941  
\$ 00.830  
05/25/2010  
Mailed from 75201  
US POSTAGE

**VIA FIRST CLASS MAIL**

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGRA FALLS, NY 14301

**Re: In re Motors Liquidation Company, et al. (f/k/a/ General Motors Corporation, et al.) Case No.: 09-50026 (REG)**

Dear Claimant,

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors (collectively, "MLC") are in receipt of the following proof(s) of claim that you filed against MLC in an unspecified and unsecured amount:

**Creditor Name**

SHARYL Y CARTER

**Claim Number(s):**

7020

The purpose of this letter is to request that you provide MLC with a liquidated amount for your proof(s) of claim against MLC. If you do not provide us with a liquidated amount for your proof(s) of claim, MLC may be compelled to pursue liquidation of your proof(s) of claim in the Bankruptcy Court through an objection or other available procedures. If you wish to provide MLC with a liquidated amount for your proof(s) of claim, please fill out the enclosed Claim Liquidation Letter and return it to MLC at the address indicated in the top left hand corner of the letter no later than June 18, 2010. Please attach any relevant documentation to your Claim Liquidation Letter.

Upon receipt of your Claim Liquidation Letter, MLC will direct its claims agent to update the official claims register with the liquidated amount for the above-listed proof(s) of claim provided in the Claim Liquidation Letter. Please be informed that submission of a Claim Liquidation Letter will not result in allowance of your proof(s) of claim. MLC reserves all rights with regard to the above-listed proof(s) of claim, including the right to object to the liquidated amount included in the Claim Liquidation Letter.

Should you have any questions about this matter, please contact MLC at 1-800-414-9607 or by e-mail at [claims@motorsliquidation.com](mailto:claims@motorsliquidation.com).

Sincerely,  
Motors Liquidation Company

Enclosure

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company  
Attn: Claims Team  
2101 Cedar Springs Road  
Suite 1100  
Dallas, TX 75201  
[claims@motorsliquidation.com](mailto:claims@motorsliquidation.com)

Re: **In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –  
Claim Liquidation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit a liquidated amount for the following proof(s) of claim:

Proof(s) of Claim Number

7020

Liquidated Amount (Unsecured)

\$500,000.00 (\$5 million) Sylc

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described proof(s) of claim, and that the Debtors reserve all rights with respect to these claims. I further acknowledge that upon receipt of this letter, the Debtors will direct their claims agent to update the official claims register with the liquidated amount provided in this letter for the corresponding proof(s) of claim listed above.

Very truly yours,

Shayl 2/1/2011  
Print Name  
Address  
City and State

United States Bankruptcy Court  
Southern District of New York

In re

Chapter 11 Case  
D9-50026/REMotors Liquidation Company, et al,  
f/k/a Concord Motors Corp., et al, Jointly Administrated  
Debtors.

I Sheryl 2f. Steter # 1541 LaSalle Ave #  
Niagara Falls, New York 14301. My numbers are  
(716) 282-3624.

I am requesting, and would like to know  
the status of my claims or claim against  
the Debtors and its affiliated Debtors  
and copies of the Plan, and Dis-  
closure Statement.

Thank you.

Sincerely  
Sheryl 2f. Steter

February 3, 2011

144

United States Bankruptcy Court  
Southern District of New York

In re

Motors Liquidation Company, et al  
A/k/a General Motors Corp., et al  
DebtorsChapter 11 Case No.  
09-50026 (JLG)

(Jointly Administered)

I Sheryl J. Carter at 1541 Lakeside Ave  
Niagara Falls, New York 14301, my numbers  
are (716) 282-1639 and (716) 930-4495.Also I request that the Debtors and  
their affiliated debtors mail me all copies  
documents concerning all my claims, and also  
to all Plans in all these Bankruptcy  
Courts, Hearing, cases, plans, everything, at  
the same time that I am mailed for

Replies, Responses, and deadlines, that is required by me the Plaintiff Sharyl Y. Carter not after the fact or pass deadline date.

I repeat, object to all of the Debtors and their affiliated Debtors Plans. The Bankruptcy Courts has not passed on the merits of the Plan, and I repeat that as well as all the Debtors and their affiliated Debtors Plans.

As far as Am Debtors and its affiliated Debtors Health Care and Life Insurance, I repeat and object, due to the Debtors cancel my Insurance before the date stated to me which was December 31, 2009, The Debtors cancel my Health and Life Insurance November 2009, which stopped all treatments, medications that I Sharyl Y. Carter needed for my Health problems that I continued

09-50026

3 of 4

to have and continues to bring up more problems that's continues to occur, which started from working for the Debtors and affiliated Debtors. I believe all these tactics I continue to go through continuous harassment, discrimination, retaliation due to me Sharyl L. Carter filing claims against the Debtors and affiliated Debtors. This is very stressful, and affects my health and family. Also my funds, settlement money is being withheld within the Debtors and affiliated Debtors Company, and Stock. I thought that the purpose of those claims that I have against the Debtors and affiliated Debtors was to avoid and stop all treatments tactics toward ~~me~~ towards me.

Date 2/10/2014, Page 4 of 4

to stop. I respectfully ask the Judge/Court to allow my rejecting objections to all the Debtors and their affiliated Debtors Plans, and allow all my claims, settlements to be paid to me Sharyl Y. Carter Cash Only, not stocks within the Debtors Company's.

As GM-Debtors and affiliated Debtors stated that moreover, a viable company would help preserve and supports jobs and benefits, not only for GM's employees, but also for the employees of GM suppliers and dealers. So why I continue to be mistreated misjudged, all tactics alike from the Debtors GM and affiliated Debtors?

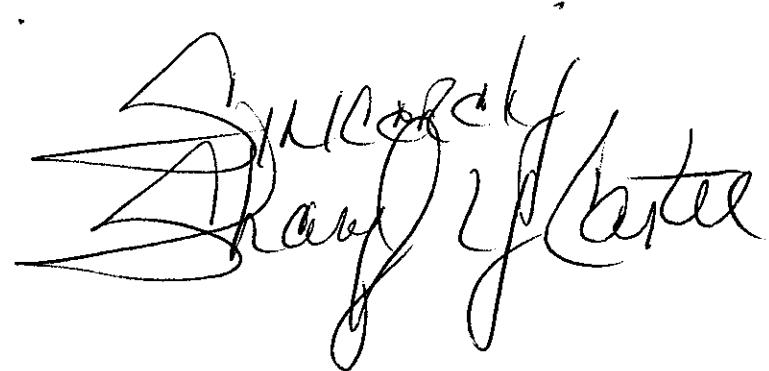
CASE NO. 09-50026 546

Again I Sharyl Carter reject object  
to the Debtors and affiliated Debtors Plan  
Disclosure Statement, Hearing Confirmation  
of the Plan and Proceedings and  
objecting, rejecting to confirmation of  
the Plan, voting on the Plan.

Rule 3018 (a) motion of Federal Rule  
of Bankruptcy Procedure allowing my  
claim, claims in a different amount  
that the Debtors and affiliated  
Debtors requesting in the voting Plan.  
Enclosed are copies of claims that I  
requested \$5 million each claim, any  
other claims this amount should also  
apply for those claims I have file  
against the Debtors and affiliated  
Debtors, as stated by the Debtors it

is the opinion of the debtors that  
Confirmation and implementation  
of the Plan is in the best interest  
of the debtors estates and creditors.  
What about the best interest of the  
Claimants, I Sharyl Yarker, as I  
reject, object with all the Plans by  
the debtors and their affiliated debtors  
that I feel is in the best interest  
of me, claimant.

Thank You.

A handwritten signature in black ink, appearing to read "Sharyl Yarker". The signature is fluid and cursive, with some loops and variations in letter height.